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BUMED INSTRUCTION 6220.9

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: NOSOCOMIAL INFECTION CONTROL PROGRAM

Ref: (a) Accreditation Manual for Hospitals (AMH) of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 1989
(b) Ambulatory Health Care (AHC) Standards Manual of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), 1988
(c) Navy Environmental Health Center Technical Manual, NEHC-TM89-1, Nosocomial Infection Control Manual for Inpatient Treatment Facilities (NOTAL)
(d) Navy Environmental Health Center Technical Manual, NEHC-TM89-2, Nosocomial Infection Control Manual for Ambulatory Care Facilities (NOTAL)
(e) NAVMEDCOMINST 6010.6 (NOTAL)
(f) NAVMEDCOMINST 6280.1 (NOTAL)
(g) NAVMEDCOMINST 6220.2A (NOTAL)
(h) NAVMEDCOMINST 6600.3A (NOTAL)

Encl: (1) List of Infection Control References, Publications, and Consultants

1. Purpose. To provide policies and guidelines to Navy medical activities for establishing effective infection control programs that meet or exceed the requirements of references (a) and (b).

2. Definitions

a. Communicable Disease. An illness due to a specific infectious agent or toxic products which arises through trans- mission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly.

b. Infection. The entry and development or multiplication of an infectious agent in the body of a host. The result may be

overt clinical disease (infectious disease) or subclinical (inapparent infection).

c. Infectious Agent. An organism (virus, rickettsia, bacteria, fungus, protozoa, and helminth) that is capable of producing infection or infectious disease.

d. Infectious Disease. A clinically manifest disease of man or animal resulting from an infection.

e. Nosocomial Infection. An infection that develops during hospitalization or as a consequence of inpatient or ambulatory medical care. An infection is not considered nosocomial if it was present or incubating at the time of admission or ambulatory treatment, unless it is related directly to a previous admission or ambulatory treatment. In general, infections are not considered nosocomial unless the onset of the infections occur more than 48 hours after the time of admission or ambulatory treat-ment. Each infection control program should use standard definitions of nosocomial infection specified by the Centers for Disease Control (CDC) as defined in appendix A of references (c) or (d).

3. Background

a. References (a) and (b) set the standards for infection control programs for hospitals and ambulatory care clinics. eference (e) requires infection control committees to be established in medical treatment facilities (MTFs).

b. Effective infection control programs are essential to reduce the occurrence of nosocomial infections among patients, staff, and visitors of naval MTFs. The potential for infectious disease transmission is higher in health care facilities than other facilities. Hospitals and clinics are locations where ill and well people come together, increasing the potential for exposure to infectious agents. Concurrently, many of these people have lower resistance to infection because of disease or invasive medical procedures, which make them more susceptible to infec-tion.

c. Nosocomial infections result in extended hospitalizations, needless morbidity and mortality, and soaring hospital costs. Many nosocomial infections are preventable. A well orga-nized and fully supported infection control program will reduce the occurrence of nosocomial infections, improve the quality of medical care, and reduce the costs of operating hospitals and clinics.

4. Policy

a. Naval MTFs must establish and maintain infection control programs following the requirements in this instruction, and references (a) or (c) for hospitals and (b) or (d) for clinics. These programs must include active infection control committees, infection surveillance programs, infection control manuals containing departmental procedures to reduce the risks of nosocomial infections, and continuing education programs for staff personnel. Consultation and advice on such programs may be obtained from infection control consultants listed in enclosure (1).

b. Commanding officers or officers in charge (COs or OICs) will appoint an infection control committee (ICC) to implement the Nosocomial Infection Control Program. The size and makeup of the ICC must be commensurate with the size and complexity of the MTF. The committee must include a chairman, representatives from each of the major clinical services, all infection control practitioners (ICP), and others as assigned by the CO or OIC. In hospitals, the chairman should be a physician who is involved in clinical practice and has knowledge of or interest in infection control or infectious diseases. The ICC must meet at least bimonthly and submit the minutes promptly to the CO or OIC. Timely return of the minutes, approved or disapproved, is strongly encouraged. More information concerning infection control committees, including provisions for small clinics, is provided in references (c) and (d).

c. Infection surveillance is an essential part of the Nosocomial Infection Control Program. Suitable methods and forms for reporting nosocomial infection rates, including incidence or prevalence rates based on patient days or numbers of discharges, should be developed and used. Additional guidelines and sample forms are provided in references (c) and (d).

d. An ICP position must be established in hospitals. At teaching hospitals, one full-time ICP should be assigned for each 150 beds. The ICP should be trained in microbiology, basic epidemiology, infection surveillance, and basis biostatistics, and, ideally, certified in infection control (CIC). The ICP should report to the medical directorate administratively and to the ICC chairman clinically. A full-time ICP position should also be established within the ambulatory care directorate to administer to clinics. Additional ICPs may be required based on the number of clinics and workload.

e. An epidemiologist or physician preventive medicine officer, when assigned to the MTF, should be included as an essential part of the infection control team and a permanent member of the ICC.

f. Routine microbiological surveillance of hospital or clinic environments adds little to infection control and should be restricted to investigations of outbreaks when recommended by the ICP or ICC chairman.

g. Medical waste must be collected, treated, stored, disposed of, or otherwise managed following guidelines provided in reference (f).

h. Medical commands must ensure that all staff personnel, including new personnel, volunteers, and students, are educated in the principles and procedures for preventing nosocomial infections. Training must occur during their initial indoctrination and at least annually, thereafter.

i. Communicable diseases must be reported per reference (g) and local or State requirements.

j. All dental treatment facilities must establish and maintain a program in infection control following reference (h).

k. The concepts of infection control are applicable to shipboard and Marine Corps field MTFs. Infection control guidelines, based on the policies presented in this instruction and references (c) or (d), which meet the needs of different classes of ships or field medical units, should be addressed by appropriate senior commanders. Medical Department representatives assigned to ships or Marine Corps field medical units, must be familiar with the principles of infection control discussed in this instruction and references (c) or (d). Questions or problems concerning nosocomial infections may be referred to medical staff in the chain of command, the nearest Navy environmental and preventive medicine unit, or consultant listed in enclosure (1).

5. Action. COs or OICs of MTFs must establish infection control programs following the policies and guidelines provided in this instruction, references (a) or (b), and (c) or (d).

6. Adaptability. Policies and procedures discussed in this instruction and references (c) and (d) may be adapted to meet local conditions. COs or OICs must uphold the intent of this instruction. Whenever significant variations occur, the MTF should document the reasons for those modifications in the infection control manual.

JAMES A. ZIMBLE

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CO, NAVPUBFORMCEN
5801 Tabor Ave.
Phila., PA 19120-5099

LIST OF
INFECTION CONTROL REFERENCES, PUBLICATIONS, AND CONSULTANTS

General References

1. A.S. Beneson, "Control of Communicable Diseases in Man," l3th ed. American Public Health Association, Washington DC, 1980.

2. J.V. Bennett and P.S. Brachman, eds., "Hospital Infections," 2nd ed. Little, Brown and Company, Boston/Toronto, 1986.

3. Centers for Disease Control, "Guideline for Infection Control in Hospital Personnel," Infection Control, 4(4):326-349, 1983.

4. Centers for Disease Control, "Guidelines for Handwashing and Hospital Environmental Control," Atlanta, GA, 1985.

5. Centers for Disease Control, "Recommendations for Prevention of HIV Transmission in Health Care Settings, Morbidity and Mortality Weekly Report, 36:2S, 1987.

6. Centers for Disease Control, "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings," Morbidity and Mortality Weekly Report, 37:24:377-388, 1988.

7. L.G. Donowitz, ed, "Hospital-Acquired Infection in the Pediatric Patient," Williams and Wilkins, Baltimore, 1988.

8. J.S. Garner, Centers for Disease Control, "Guideline for Prevention of Surgical Wound Infections, American Journal of Infection Control, l4(2):71-80, 1986.

9. J.S. Garner and M.S. Favero, Centers for Disease Control, "Guideline for Handwashing and Hospital Environmental Control," American Journal of Infection Control (l4(3):110-29, 1986.

10. J.S. Garner and B.P. Simmons, Centers for Disease Control, "Guideline for Isolation Precautions in Hospitals," Infection Control, 4(4):245-325, 1983.

ll. T.A. Goularte and D.E. Craven, "Results of a Survey of Infection Control Practices for Respiratory Therapy Equipment," Infection Control, 7:327-30, 1986.

12. E. Larson, "Draft Guidelines for Use of Topical Antimicrobial Agents," American Journal of Infection Control, December 1987.

13. D.G. Maki and J.T. Broticelli, "Prospective Study of Replac-ing Administration Sets for Intravenous Therapy at 48 vs. 71 Hour Intervals," Journal of the American Medical Association, 258:13, 1987.

14. D.G. Maki and M. Ringer, "Evaluation of Dressing Regimens for Prevention of Infection with Peripheral Intravenous Catheters," Journal of the American Medical Association, 258:l7, 1987.

15. "Nursing Procedures Manual," Department of the Navy, Naval Medical Command, Washington, DC, 1985.

16. W.A. Rutala and F.A. Sarubbi, "Management of Infectious Waste from Hospitals," Infection Control, 4:198-294, 1983.

17. B.P. Simmons, T.M. Hooten, E.S. Wong, et al., Centers for Disease Control, "Guideline for Prevention of Intravascular Infections," American Journal of Infection Control, 11(5):183-93, 1983.

18. B.P. Simmons and E.S. Wong, Centers for Disease Control, "Guidelines for Prevention of Nosocomial Pneumonia, 1982," American Journal of Infection Control, 11(6):230-39, 1983.

19. R.P. Wenzel, ed., "Prevention and Control of Nosocomial Infections," Williams and Wilkins, Baltimore, 1987.

20. E.S. Wong and T.M. Hooton, Centers for Disease Control, "Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 1982, American Journal of Infection Control, 11(1):28-33, 1983.

Infection Control Publications

1. American Journal of Infection Control, C.V. Mosby Co., 11830 Westline Industrial Drive, St. Louis, MO 63146. Telephone: (800) 778-l404 or (303) 778-l404.

2. Hospital Infection Control, 67 Peachtree park Drive, NE, Atlanta, GA 30309. Telephone: (404) 351-4523.

3. Infection Control and Hospital Epidemiology, Slack, Inc., 6900 Grove Road, Thorofare, NJ 08086. Telephone: (609) 848-1000

4. Nursing Times, MacMillan Journals, Ltd., 4 Little Essex Street, London, WC 2R3LF, England. Subsidiary of Macmillan Pub-lishing Co., Ind., 866 third Ave., New York, NY l0022. Telephone: (202) 935-2000.

Infection Control Consultants

1. Environmental Health Department - Navy Environmental Health Center, Norfolk

Commanding Officer
Navy Environmental Health Center
Code 38
2510 Walmer Road
Norfolk, VA 23513-2167

Commercial: (804) 444-4657/3460
AUTOVON: 564-4657/3460

2. Infection Control Practitioner - National Naval Medical Center, Bethesda

Commander
National Naval Medical Center
8301 Wisconsin Avenue
Bethesda, MD 20814-5000

Commercial: (301) 295-4242
AUTOVON: 295-4242

3. Infection Control Practitioner - Naval Hospital, Oakland

Commanding Officer
Naval Hosptial
Oakland, CA 94627-5000

Commercial: (415) 633-5509
AUTOVON: 855-5509

4. Infection Control Practitioner - Naval Hospital, Portsmouth

Commanding Officer
Naval Hosptial
Portsmouth, VA 23708-5000

Commercial: (804) 398-7799
AUTOVON: 564-7799

5. Infection Control Practitioner - Naval Hospital, San Diego

Commanding Officer
Naval Hosptial
San Diego, CA 92134-5000

Commercial: (619) 532-7486
AUTOVON: 522-7486